



MISSOURI DEPARTMENT OF REVENUE  
CUSTOMER SERVICES DIVISION  
P.O. BOX 358 JEFFERSON CITY, MO 65105-0358  
**APPLICATION FOR RELEASE OF  
CERTIFICATE OF DEPOSIT**

FORM

**4102**

(REV. 10-2005)

DLN

This application must be completed and mailed to the above address in order to initiate the release of the Certificate of Deposit. The Certificate of Deposit may be released by the Department of Revenue upon completion of a two (2) year period of satisfactory tax compliance. Satisfactory tax compliance shall mean that for a period of two (2) consecutive years immediately preceding application for release of the bond, the taxpayer has filed all returns and paid all taxes, additions and interest due on a timely basis. The Certificate of Deposit may also be released within 30 days, when the taxpayer ceases to do business, files a final return with the Director of Revenue and pays all tax, additions and interest. This application should be filed with the Director of Revenue sixty (60) days prior to the maturity date of the Certificate of Deposit.

MISSOURI TAX ID NUMBER

OWNER NAME

DAYTIME TELEPHONE

MAILING ADDRESS, CITY, STATE, ZIP CODE

AMOUNT OF CERTIFICATE OF DEPOSIT

\$

DATE CERTIFICATE OF DEPOSIT WAS ISSUED

Release of Certificate of Deposit is requested for the following reason (check box):

☐ Bond has been filed for the required 2 year period with a satisfactory tax compliance.

☐ Sold or quit business on \_\_\_\_\_  
MONTH DAY YEAR

☐ Business never opened.

☐ Other (Explain) \_\_\_\_\_

I swear or affirm that all returns have been filed and paid, that there are no outstanding liabilities, and that the information reported in this form and any attached supplements is true, correct and complete.

SIGNATURE OF OWNER, PARTNER OR OFFICER OF CORPORATION

TITLE

DATE

**DEPARTMENT USE ONLY**

☐ **APPROVED:** The above taxpayer has been released from the bond requirement and the attached Certificate of Deposit is being returned. In order to cash the Certificate of Deposit, this Application for Release of Certificate of Deposit must be submitted to the issuing financial institution with the Certificate of Deposit.

☐ **DENIED:** Your request has been denied for the following reason:

☐ Bond has not been filed for 2 years

☐ A satisfactory tax compliance record has not been established for the last 2 years.

☐ Final return and payment have not been received

☐ Other: \_\_\_\_\_

AUTHORIZED SIGNATURE

TITLE

DATE